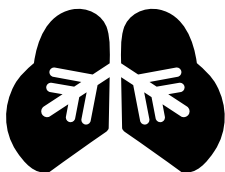

ASTHMA *MEMO*

Summer 1996



NATIONAL
ASTHMA
EDUCATION
AND
PREVENTION
PROGRAM

New Expert Panel Meets: Guidelines To Be Updated

Although the recommendations presented in the *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma* are still sound, some areas need to be updated. This was the conclusion of the NAEPP's Science Base Committee after reviewing more than 6,500 abstracts of asthma management literature published since the original report was released in 1991.

The Science Base Committee's recommendations for updating the guidelines are listed below. They were presented by Dr. Albert Sheffer, the Science Base Committee chair, at the June 1995 NAEPP Coordinating Committee meeting. The NAEPP Coordinating Committee recommendations included:

- Refine sections concerning the initial diagnosis and periodic assessment of asthma. Update peak flow monitoring, symptom assessment, and quality of life measures.
- Address the issue of primary prevention and asthma risk factors, such as environmental allergens and exposure to secondhand tobacco smoke.
- Address the effects of cultural and ethnic influences on asthma management.
- Expand patient education information to include a broader range of models.
- Emphasize teaching patients self-management techniques such as peak flow monitoring.
- Encourage the incorporation of patient education into medical visits.
- Specify ways primary care physicians can incorporate patient education into their practices.
- Consider refining the stepwise approach to pharmacologic management.

(continued on page 2)

Implementing the NAEPP Guidelines Popular feature continues as more readers share their experiences. 7	New NAEPP Publications Eight new titles and a video introduced. 11	Asthma Programs for Inner-City Children Three universities receive grants from NHLBI. 13
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New Expert Panel Meets: Guidelines To Be Updated

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- Discuss the use of new medications and medication classifications (e.g., nedocromil and long-acting beta₂-agonists) in asthma management therapies.
- Analyze differences in potency and efficacy for various delivery methods (e.g., inhaler, spacer, nebulizer).

- Discuss special issues regarding the use and misuse of short-acting beta₂-agonists, possible anti-inflammatory effects of theophylline, and adrenal-suppressive effects of corticosteroids.

The NAEPP Coordinating Committee accepted these recommendations. On July 23-25, 1995, a new 22-member Expert Panel on the Diagnosis and Management of Asthma held its first meeting. Shirley Murphy, M.D., the expert panel chair, charged the members with the important task of updating the 1991 guidelines to incorporate new information as reflected in the scientific literature. The expert panel also was encouraged to develop a "user-friendly" document to meet the needs of practicing physicians, as reflected in the results of the NHLBI's marketing research study (see "From the NHLBI Director," page 3).

On May 19-21, 1996, after months of committee work, the expert panel met in Baltimore, Maryland, to review and discuss its current draft and comments from eight outside reviewers. Publication of the updated guidelines is anticipated in mid-1997. □

From the NHLBI Director

For more than 20 years, the National Heart, Lung, and Blood Institute (NHLBI) has supported national education programs such as the National Asthma Education and Prevention Program (NAEPP) as part of its commitment to ensure the timely transfer of research findings to health care providers and the community at large. Clinical practice guidelines play an important role in these national education initiatives. In developing these guidelines, the expert panels convened by the NHLBI carefully analyze research findings to provide information that can enhance clinicians' ability to prevent, detect, and treat a disease. The information highlighted in the guidelines also serves as the basis for national education activities that are sponsored by the Institute.

The Institute convened meetings in 1994 to examine various approaches to guidelines development. These meetings included NHLBI staff members, members and chairs from the expert panels that developed previous NHLBI-sponsored guidelines, and outside experts familiar with alternative methods of guidelines development. From these meetings came a number of recommendations:

- The type of literature review conducted should be appropriate for the objectives of the specific guidelines.
- Guidelines should explicitly state whether recommendations are based on data, expert opinion, or both. A "methods" section that details how the guidelines were developed and decisions were made should also be included.
- Panels should be asked to determine early in the process how comprehensive the recommendations should be based on the intended audience.
- Economic aspects of treatment should be addressed as appropriate.
- The Institute should consider making the guidelines available to expanded audiences through new avenues of dissemination.
- Strategies for evaluating the impact of guidelines should be expanded and evaluation data considered early in the guidelines development process.
- Efforts should be made to determine the type of format most appropriate for a specific audience.

The NHLBI already has made efforts related to the last recommendation. The NHLBI convened six physician focus groups to examine reactions to and use of guidelines. We learned that physicians interpret guidelines as a broad framework for patient management, rather than as rigid standards of care. They prefer a concise, "visually handy" format that includes reproducible algorithms and charts. Physicians also want to know why specific guidelines are issued or updated, the key changes in clinical management that new guidelines promote, and how the new guidelines will help them improve patient care.

The NHLBI looks forward to implementing many of these recommendations for developing and producing guidelines in the NAEPP's updated *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma*.

Claude Lenfant, M.D.

News From the Field

AAFA's Meeting-in-a-Box

Meeting-in-a-Box is a series of three kits designed to help clinicians, health educators, and lay leaders plan and conduct asthma education programs for asthma patients. *Meeting-in-a-Box* is available from the Asthma and Allergy Foundation of America (AAFA).

Each *Meeting-in-a-Box* is based on the NAEPP guidelines and includes presenter scripts, demonstration items, reproducible handouts, and more than 50 slides for a 1-hour program on one of the following topics:

- "The ABC's of Asthma" presents basic asthma information, including definitions, anatomy, and asthma triggers. This box includes a video, a sample peak flow meter, and patient pamphlets.
- "Getting the Most From Your Asthma Medications" explains how medications work and why they are prescribed.
- "The Tools of Asthma Management" provides information on peak flow meters, spacers, and correct inhaler technique. This box contains a variety of sample devices and asthma diaries.

To facilitate meeting logistics, each *Meeting-in-a-Box* also contains a coordinator's guide, sample press release, sample public service announcement, and master copies for sign-in sheets and meeting evaluation forms.

A fourth addition, "Asthma Management at School," includes information on managing asthma in the school environment. This kit is appropriate for teachers, coaches, and other school staff members, as well as parents and students from the junior high level and up. This *Meeting-in-a-Box* addresses topics such as physical education and exercise-induced asthma, identifying and responding to an asthma emergency, asthma triggers in the school, and absenteeism.

The original three-box, reusable set is available from AAFA for \$150. At this time,



these components cannot be ordered separately. "Asthma Management at School" is available to AAFA-affiliated groups for \$50 and to other individuals and groups for \$65.

For more information or to order, contact the Asthma and Allergy Foundation of America, 1125 15th Street, NW, Suite 502, Washington, DC 20005, 202-466-7643. □

Asthma Camps Target Inner-City Children

The Consortium on Children's Asthma Camps launched an Inner-City Asthma Camp Initiative in five camps across the country in the summer of 1994.

Camps in Iowa, Illinois, Minnesota, California, and Missouri recruited a total of 128 inner-city children with asthma and their families. All children were receiving medical assistance. The children, who were ages 9 to 12, also were on daily medications for their asthma and lacked appropriate access to ongoing medical care or frequently used emergency care for their asthma.

The children were treated to a week at one of the selected asthma camps. Each camp based its medical management and educational programming on the NAEPP's 1991 *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma*. Typical camp days included the normal games and physical activities expected at any summer camp. In addition, physicians and nurses provided clinical management

of the children's asthma, and the children participated in individual and group asthma education activities tailored to their specific needs. The camps also shared information with the children's primary care physicians to ensure continuity of care. Precamp and postcamp education programs for the children and their parents were provided to improve the chances of long-term impact of the 1-week camp.

Questionnaires completed by parents and children before and 1 month after the camps showed significant decreases in the number of asthma symptoms reported by children and significant increases in asthma knowledge among children and parents following camp attendance. Feelings of mastery over asthma also increased significantly for children after their camp experiences, and parents reported significant increases in family communication about asthma. Overall, the vast majority of children found camp to be a positive and enjoyable experience that was very helpful in teaching them more about taking care of their asthma.

The Consortium on Children's Asthma Camps was established in 1988 to coordinate the camp activities of national organizations involved in the care of children with asthma. The consortium is composed of representatives from the American Academy of Allergy, Asthma, and Immunology; the American College of Allergy, Asthma, and Immunology; the American Lung Association; the American Thoracic Society; the American Academy of Pediatrics; and the Asthma and Allergy Foundation of America.

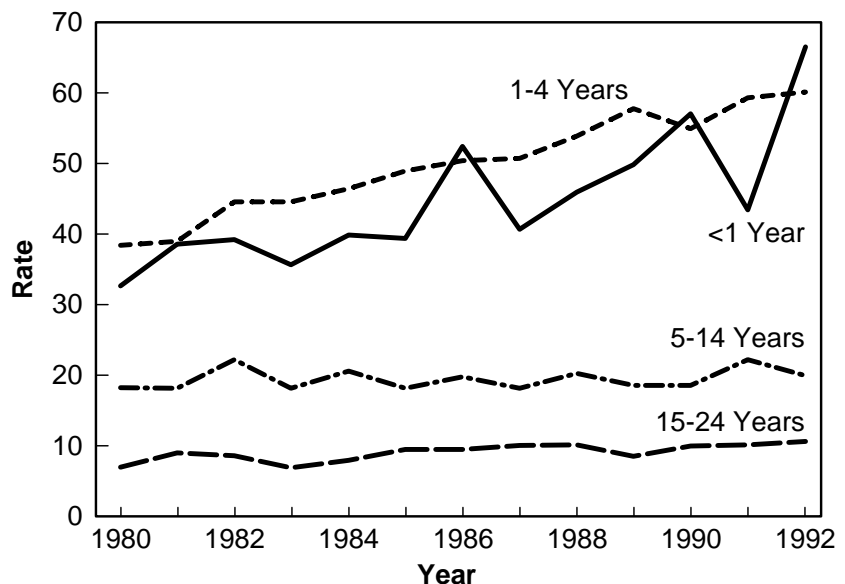
During the summers of 1996 through 1998, the consortium will sponsor phase II of the initiative in six camp sites. Phase II goals include improving parent-child communication about asthma, decreasing parent and child stress related to asthma, and improving effective utilization of the health care system.

If you have questions concerning the Inner-City Asthma Camp Initiative, contact Stephen C. Weisberg, M.D., 1149 Medical Arts Building, Minneapolis, MN 55402, 612-338-3333. □

DATA CORNER

Asthma Hospitalization Rates Highest for Infants

From 1980 to 1992, the annual hospitalization rate for asthma among Americans from birth to 24 years increased by 28 percent. A closer look shows that this increase is due to the rise in hospitalization for asthma among children 4 years of age and younger. Hospitalization rates were highest and increased the most (82 percent) among infants below the age of 1. Among children ages 1 to 4 years, the rate of hospitalization increased 57 percent between 1980 and 1992. Hospitalization rates for Americans ages 5 to 24 years remained relatively constant during this period. □



Reported by: Centers for Disease Control and Prevention; *MMWR* 1996;45:350-353.

From the NAEPP Coordinator

Productive Year Enhances Program's Goal

The NAEPP has been especially busy and productive in recent months. Our accomplishments include a new video, several long-awaited publications (see "Program Notes," page 11), and three regional conferences (conducted under contract) on asthma care for underserved patient populations. In June 1995 the NAEPP Science Base Committee recommended to the Coordinating Committee that the 1991 *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma* be updated. Since then, considerable energy has been invested in supporting the work of a new expert panel that has assumed that critical task.

Since the last issue of *AsthmaMemo* was published, the NAEPP has launched two additional components of the "Breathe Easier—Ask Your Doctor If It's Asthma" public education campaign. The first campaign targets Hispanic adults who have asthma or care for children with asthma. This campaign developed print ads for use in mass transit facilities in four metropolitan areas with large Hispanic populations (New York, Philadelphia, Chicago, and Hartford/New Haven). These ads were distributed during November 1995. Several months later, radio public service announcements produced in English and Spanish were sent to more than 400 selected radio stations that feature Spanish-language programming.

The second campaign targets African Americans with asthma. This campaign also produced mass transit print ads that were distributed to five cities (New York, Chicago, Philadelphia, Sacramento, and Memphis) in spring 1996.

NAEPP Coordinating Committee members continue to support program objectives through partnership activities that promote dissemination and implementation of the guidelines among specific audiences. For example, the American Pharmaceutical Association and the American Society of Health-System Pharmacists are developing training programs that outline specific actions pharmacists can take to increase patients' understanding of their disease and improve their self-management skills. One of

the programs will train up to 10,000 community pharmacists (100 pharmacists at 100 sites); another will be directed to pharmacists who work in a clinical setting. Both are based on *The Role of the Pharmacist in Improving Asthma Care*, a publication available from the NHLBI Information Center.

In addition, the NAEPP Nurses Asthma Education Working Group developed a four-part strategy to promote the recommendations outlined in the NAEPP's new publication *Nurses: Partners in Asthma Care*. This strategy involves placing articles in journals and newsletters to promote the nurses' guide, conducting local demonstration projects, replicating successful projects in different locations, and collaborating with other organizations to conduct large-scale interventions. Two articles on asthma management were published by members of the working group in the journal of the American Association of Occupational Health Nurses (*AAOHN Journal* 1996;44(2):78-83, 94-102). Two demonstration projects are under development (one in Baltimore, Maryland, and one in Kansas City, Kansas).

Plans also are under way to promote asthma management in schools using NAEPP materials and training programs. NAEPP Coordinating Committee members have initiated a large-scale effort to disseminate sets of *Managing Asthma: A Guide for Schools*, *Asthma Awareness Curriculum for the Elementary Classroom*, *Asthma & Physical Activity in the School*, *Making a Difference . . . Asthma Management in the School* (video), and *Your Students With Asthma Can Be Winners, Too!* (poster).

NAEPP Coordinating Committee members have published two articles (one in *CHEN News* [online newsletter, March 14, 1996] and the other in *Updating School Board Policies* 1996;27(2):12-13) encouraging school administrators to allow students with asthma to appropriately self-manage their disease, noting that this increases the students' chances of fully participating in all school activities. Members also are developing strategies for working with State education departments to improve school-based asthma management. □

In the Spotlight Implementing the NAEPP Guidelines: Readers Share Experiences

The NAEPP's continuing invitation to *AsthmaMemo* readers to share their experiences in implementing the *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma* has resulted in a tremendous response from hospitals, clinics, medical centers, and health maintenance organizations throughout the United States. These responses are an encouraging indication of the impact the NAEPP guidelines have had on the management of asthma. Below are some examples.

Hospital Ensures Consistent Implementation of the Guidelines

The Children's Hospital in Birmingham, Alabama, treats more than 5,000 children with acute asthma in its emergency department each year, and about 500 children are admitted to the hospital. In January 1993, a chart review revealed that asthma patients received intensive medical management during their hospitalization, but that a wide range of discharge medications were prescribed for these patients and asthma management instructions were not provided on a routine basis.

To ensure that asthma patients receive a consistent standard of care that includes adequate asthma education, the University of Alabama at Birmingham and Children's Hospital developed an asthma team to establish protocols based on the NAEPP guidelines. This team met for the first time in February 1993.

The asthma team initially included representatives from pediatric allergy, pediatric pulmonary medicine, adolescent medicine, respiratory therapy, nutrition, social services, and public relations. Since its inception, the team has expanded to include a school nurse, the leader of an asthma support

group, and members from the Allergy and Asthma Network/Mothers of Asthmatics.

"The key to a successful continuum of care based on the NAEPP guidelines," says Carlene Gibbons, R.N., former clinical research coordinator for the University of Alabama at Birmingham's department of pediatric allergy's asthma team, "is to provide asthma education for everyone involved with the child's asthma care—the children, their families, doctors and nurses in the hospital and the community, and the schools." Through the asthma team, a partnership has been formed among the medical community, schools, and patients and their families.

The asthma team developed a "menu" that allows doctors and nurse case managers to select and order specific asthma education services and asthma management tools for each patient. Asthma team members provide asthma education services to patients.

Families receive a packet that contains brochures and a book on asthma for the adult caretakers, instruction sheets based on the NAEPP guidelines, and age-appropriate books and videos for their child. Families also can call an asthma information hotline that is staffed by nurses from the hospital's allergy and pulmonary divisions when they have questions or concerns.

The asthma team also provides continuing education for health professionals. Team members participate in biannual training sessions that incorporate information in the NAEPP *Asthma Management Kit for Clinicians*. Physician and resident inservice trainings are conducted regularly at Children's Hospital and at public health centers using the NAEPP *Speaker's Kit for the Guidelines for the Diagnosis and*

(continued on page 8)

In the Spotlight

(continued from page 7)

Management of Asthma. The asthma team also produced a brochure called "Childhood Asthma" that is distributed to pediatricians throughout the State.

Nurse inservice programs, supported by a grant from a pharmaceutical company, are provided for community and health center-based nurses throughout Alabama. These courses provide copies of the NAEPP *Asthma Management Kit for Clinicians* and instructions for implementing active patient education in specific professional settings.

The asthma team meets regularly to keep members informed and to assess the program's success. "The success of the asthma education program," says Joy O'Brien, R.N., R.R.T., asthma case manager at Children's Hospital, "is the result of many divisions and departments working together to implement the NAEPP guidelines."

The program's impact on patients' and families' quality of life and asthma management skills is being measured through questionnaires administered when the education begins and about 12 months later. Data also are being collected on the frequency of emergency department visits, the frequency and length of hospital stays, and school and parent work days missed due to the child's asthma.

For more information on the asthma team, contact Ms. O'Brien at Children's Hospital, 1600 Seventh Avenue South, Birmingham, AL 35233, 205-939-9583. □

Public Hospital Reduces Asthma-Related Admissions

An education intervention that includes comprehensive outpatient care based on the NAEPP guidelines reduced emergency department visits due to asthma by more than half over a 2-year period at Parkland Memorial Hospital in Dallas County, Texas.

In late 1992, a multidisciplinary group called the Parkland asthma task force examined

use of emergency services by patients with asthma (which was perceived as excessive) at this tax-supported facility. A retrospective chart review coupled with a computer-based search of billing codes showed that about 3,000 emergency department (ED) visits made each year were due to exacerbations of asthma and that charges associated with asthma care in the ED came to \$944 per visit, or approximately \$2.8 million annually.

The task force identified critical deficiencies in a number of areas, such as access to care; patient knowledge; use of anti-inflammatory medication; use of preventive strategies; and interaction among ED physicians, subspecialists, and primary care providers. Therefore, an intervention was proposed to intensify treatment and develop preventive self-management skills for patients with high ED use.

An asthma nurse practitioner was assigned to the ED to provide patient education; provide telephone support for patients early in an exacerbation; and screen patients for referral to an asthma clinic staffed by subspecialty physicians, asthma nurses with advanced degrees, an allergy/asthma pharmacy specialist, a respiratory therapist, and an asthma educator.

Patients referred to the asthma clinic receive additional patient education and instruction in individual and small group settings. A multimedia software program (The Asthma Files 1.0) developed by the task force has also been used to provide patient education. Patients "graduate" from the clinic to primary care providers after 12 to 18 months to make room for new patients.

Data indicate that during the first 2 years of the intervention, ED visits due to asthma and corresponding costs for respiratory care in the ED decreased by 53 percent for patients enrolled in the asthma clinic. Additional data will be gathered using a broad-based asthma outcomes instrument that has been pilot-tested on 203 patients. A randomized controlled trial of the case-managed graduation process also is under development.

For additional information, contact Dr. Donald Kennerly, Division of Allergy and Immunology, University of Texas Southwestern Medical Center, 5323 Harry Hines Boulevard, Dallas, TX 75235-8859, 214-648-3004, imfdak@swjes2.swmed.edu. □

Monitoring Program Promotes Better Asthma Management

Over a period of several years, Companion HealthCare (CHC), a Blue Cross-Blue Shield of South Carolina health maintenance organization, identified a 10 percent increase in the number of asthma-related inpatient admissions. A study conducted by CHC indicated that almost 90 percent of the study population received pharmacotherapy management that was inconsistent with the NAEPP asthma management guidelines. As a result of this study, CHC developed a program called "Great Expectations for Healthy Lungs" that includes physician education, office nurse education, chart monitoring, and comprehensive patient education components.

The professional education components consisted of mailing CHC physicians a summary of the study findings along with excerpts from the *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma*. In addition, up-to-date asthma management information was presented at their annual physician conference, and a seminar for office nurses was provided. Peak flow meters and educational kits also were provided to conference/seminar participants.

The program's chart-monitoring component included routine monitoring of asthma patients' charts as part of CHC's medical

office review. Chart review scores are tied to a financial incentive program for physicians. To reinforce asthma education messages, charts now include stickers that remind physicians of quality indicators for appropriate asthma treatment and provide room to document provision of this care. In addition to chart review, patient encounters, emergency department rates, and pharmacy utilization are examined on an ongoing basis to identify patients who may not be properly managed.

The patient education component provides educational materials and peak flow meters, and patients with severe asthma receive home visits from a registered nurse.

Although the full impact of the program has not been evaluated at this time, asthma hospital admission rates and emergency department visits decreased after the first year, and feedback from both doctors and patients concerning the program is very positive.

Jennifer DuMont, manager of quality improvement at CHC, urges anyone who wants to implement this type of program to conduct the initial study. CHC would not have known the extent of the problem if the study had not been conducted, and physicians may not believe a problem exists unless they are given information specific to their patients. "That is one of the reasons CHC places so much emphasis on the ongoing monitoring of patients' charts and pharmacy data," Ms. DuMont adds.

For additional information, contact Jennifer DuMont, Manager of Quality Improvement, Companion HealthCare, P.O. Box 6170, Columbia, SC 29260, 803-786-8466, extension 25567. □

HOW DID YOU IMPLEMENT THE

The National Asthma Education and Prevention Program (NAEPP) would like to hear about efforts to implement the NAEPP's *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma*. These descriptions of activities are being collected to inform the NAEPP about how people are using the guidelines. Selected cases may be presented in the NAEPP newsletter, *AsthmaMemo*, or shared with others through additional means.

Please complete the following:

Organization _____

Contact _____

Credentials

Job Title _____

Address _____

City _____ State _____ Zip _____

Phone Number	Fax Number
--------------	------------

Describe the implementation of the NAEPP guidelines.

Briefly describe your experience implementing the guidelines. Be sure to address the following points in your synopsis:

1. Describe the **methods** used to get the guidelines implemented consistently (e.g., staff training, forms, reminders, chart reviews).
2. Describe the major **obstacles** or **problems** that were encountered and how they were overcome.
3. Present any indications that implementation of the guidelines had an **effect** on patients. This could include case histories, anecdotes, impressions, and/or objective data.
4. List any **lessons** that were learned and recommendations you have for others implementing the guidelines or for the National Asthma Education and Prevention Program.

Also please complete the following information:

- | | | | | | |
|-----|---|-----|--|---|--|
| 1. | Components of guidelines addressed:
<input type="checkbox"/> Patient education
<input type="checkbox"/> Pharmacotherapy
<input type="checkbox"/> Environmental control
<input type="checkbox"/> Objective measures | 3b. | Desired number of professionals to involve:
<input type="checkbox"/> Nurses
<input type="checkbox"/> Physicians
<input type="checkbox"/> Respiratory therapists
<input type="checkbox"/> Physician assistants
<input type="checkbox"/> Others, specify: _____ | Date of last assessment: _____

Implementation began: _____ | |
| 2. | NAEPP guidelines were:
<input type="checkbox"/> Modified
<input type="checkbox"/> Not modified
<input type="checkbox"/> Not sure | 3c. | Number of professionals implementing the guidelines at last assessment:
<input type="checkbox"/> Nurses
<input type="checkbox"/> Physicians
<input type="checkbox"/> Respiratory therapists
<input type="checkbox"/> Physician assistants
<input type="checkbox"/> Others, specify: _____ | 4. | Estimated number of patients affected by implementation of the guidelines:
<input type="checkbox"/> Number of patients
<input type="checkbox"/> Do not know |
| 3a. | Setting of program:
<input type="checkbox"/> Hospital
<input type="checkbox"/> Emergency department
<input type="checkbox"/> HMO
<input type="checkbox"/> PPO
<input type="checkbox"/> Private office
<input type="checkbox"/> Clinic | | | 5. | Was a Total or Continuous Quality Improvement approach used in getting the guidelines implemented?
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Do not know |

SEND YOUR RESPONSES TO: Ted Buxton, M.P.H., NHLBI Information Center, P.O. Box 30105, Bethesda, MD 20824-0105. Fax: (301) 251-1223.

Program Notes

New NAEPP Publications

The NAEPP has recently released several new publications and an asthma education videotape that are described below. Copies of the materials featured are available from the NHLBI Information Center. Use the order form on page 15 of this issue of *AsthmaMemo* or call 301-251-1222.

Asthma Management in Minority Children: Practical Insights for Clinicians, Researchers, and Public Health Planners shares "lessons learned" by five NHLBI-funded demonstration and education research programs working with African American and Latino children. 60 pages. (NIH Publication No. 95-3675)

Nurses: Partners in Asthma Care was written by and for nurses. The book describes how nurses can establish and maintain partnerships to help patients manage their asthma. 63 pages. (NIH Publication No. 95-3308)

Asthma & Physical Activity in the School is designed to enable physical education teachers, coaches, and classroom teachers to help their students with asthma participate fully and safely in sports and physical activities. This booklet emphasizes the

importance of following individual asthma management plans, ensuring that students with asthma have convenient access to their medications, modifying physical activities when needed to match current asthma status, and recognizing symptoms and taking appropriate actions. 18 pages. (NIH Publication No. 95-3651)

Making a Difference . . . Asthma Management in the School is a 14-minute videotape for physical education teachers, coaches, and other school personnel. The video shows viewers how they can prevent or minimize the adverse effects of asthma at school and maintain students' full participation in all school activities. It helps viewers understand asthma—what it is, symptoms, things in the school environment that make asthma worse, and medications used in treatment. It also shows how to handle common asthma-related problems at school and how to prevent their recurrence. This is a companion for *Asthma & Physical Activity in the School* but can also be used separately. 14 minutes, color, sound. (Publication No. 55-643)

NAEPP Working Group Report: Considerations for Diagnosing and Managing Asthma in the Elderly was developed as a companion to the NAEPP guidelines to provide more specific information on the treatment of asthma in the elderly. This report addresses the interactions among the effects of aging, asthma, coexisting diseases, and the use of multiple medications. Also discussed are the four components of managing asthma in the elderly: patient education, objective assessment, environmental control, and pharmacologic therapy. Research recommendations are included. 52 pages. (NIH Publication No. 96-3662)

Breathe Easier: An Adult Asthma Education Program is the product of more than 4 years of research in developing and evaluating this effective adult self-management intervention. Consistent with the NAEPP guidelines, this curriculum includes scripts and reproducible

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Program Notes

(continued from page 11)

patient handouts for four 90-minute sessions typically conducted on a weekly basis with small (six to eight) groups of adults. 177 pages. Available in October 1996. Call or write for pricing information. (Publication No. 55-724)

Asthma Management and Prevention: A Practical Guide for Public Health Officials and Health Care Professionals provides highlights from the *Global Initiative for Asthma*—the international guidelines on the management and prevention of asthma published by the NHLBI and the World Health Organization in 1995. Included in this practical guide are stepwise treatment tables, medication summaries, management algorithms, and reproducible management plans and patient handouts. This guide is designed to help primary care physicians, nurses, public health officials, and program planners take actions to control asthma and reduce its personal, social, and economic burdens. 48 pages. (NIH Publication No. 96-3659A)

Pocket Guide for Asthma Management and Prevention is condensed from the *Global Initiative for Asthma*. The guide offers a summary of patient care information for physicians, nurses, and other primary health care professionals. Specific sections address diagnosing asthma and controlling asthma by selecting appropriate medications at home and in the hospital, identifying and avoiding triggers, educating patients, and monitoring and modifying asthma care for effective long-term control. 29 pages. (NIH Publication No. 96-3659B)

What You and Your Family Can Do About Asthma is a patient information pamphlet based on the *Global Initiative for Asthma* that discusses what asthma is, ways asthma can be controlled, how to prevent asthma attacks, how to use asthma medicines, how to use an inhaler, and how to use a peak flow meter. 30 pages. (NIH Publication No. 96-3659C) □

Regional Conferences Focus on Improving Minority Asthma Care

NHLBI awarded funds for two ongoing asthma projects to conduct regional conferences aimed at increasing implementation of the NAEPP's *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma* among health care professionals who serve minority or inner-city asthma patients.

The **Fresno Asthma Project** planned two educational conferences for physicians and other health professionals in Fresno County, California, which has one of the highest asthma mortality rates in the United States. The first conference, "Take Action Against Asthma: Improving Outcomes of Asthma Care," was held in April 1996 and was attended by more than 50 primary care physicians, nurses, and pharmacists. Participants were from hospitals, public clinics, private group practices, and managed care settings. The highlight of this conference was a series of hands-on demonstrations on proper techniques for using metered-dose inhalers, holding chambers, and peak flow meters. Participants also identified and discussed strategies for improving management of asthma in different health care settings.

The second conference, scheduled for the fall of 1996, is directed to emergency physicians and associated emergency medical services personnel who care for asthma patients during severe acute exacerbations. "Acute Asthma Episodes: Emergency Treatments" will feature presentations on identifying and assessing adults with asthma in the emergency setting, assessing patients with acute exacerbations for hospital admittance, and preventing unnecessary hospitalizations.

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Research Directions in Asthma

Grants Provide Asthma Management Programs for Inner-City School Children

Three universities have received 5-year grants from NHLBI's Division of Lung Diseases to develop and evaluate innovative programs to ensure optimal asthma management and prevention in inner-city elementary school settings.

The **University of Texas Health Science Center at Houston** will conduct a program to improve asthma morbidity among elementary school children in Houston's large, inner-city school district. The program will create and support an asthma management team that will include the child with asthma, his or her family members, a primary care physician, and the child's teacher and school nurse. Enhancing communication among the members of this team is a key component of the project's design.

The intervention will link children identified in the project's initial case-finding efforts with a primary care physician who follows the NAEPP's *Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma*. The children will be taught with and encouraged to use an interactive asthma self-management computer program and other asthma management materials. It is anticipated that these multimedia materials will be made available at the end of the intervention for use in other asthma education programs.

For more information about these three awards, contact:

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The **University of Michigan School of Public Health** will initiate a program to improve asthma identification, education, management, and prevention in the Detroit metropolitan school district. This system does not have school nurses. The program calls for collaborative efforts among the university's schools of public health and medicine, the Henry Ford Hospital Center, the county health department, the American Lung Association of Michigan, and the State of Michigan Department of Education.

The project will use *Open Airways for Schools*, a proven educational program, to help the students master asthma management skills and develop confidence in their ability to manage their asthma. A unique learning module called "Environmental Detective" also will be offered to sensitize all children to the problems experienced by their friends with asthma. Additional educational efforts will target families, physicians, and school personnel. Finally, a committee will work to effect regulatory changes to make the school environment safer and more supportive for students with asthma.

The **University of Alabama Lung Health Center** proposes to implement and evaluate a comprehensive asthma education and prevention program in all 54 elementary schools in the Birmingham public school system. Each school is staffed by a school nurse. The program will use existing resources that were developed either by NHLBI or through NHLBI-funded research. *Managing Asthma: A Guide for Schools* will be the basis for educating school personnel. General student bodies will learn about asthma through *Asthma Awareness Curriculum for the Elementary Classroom*. *Open Airways for Schools* will guide students with asthma in learning effective self-management strategies.

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Program Notes

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For more information on the Fresno Asthma Project, contact Sandra Wilson, Ph.D., Senior Research Fellow, American Institutes for Research, P.O. Box 113, Palo Alto, CA 94302, 415-493-3550.

Abt Associates, Dimock Community Health Center of Roxbury, Massachusetts, and the **Massachusetts Rate Setting Commission** sponsored a 2-day conference titled "Managing Asthma in Inner-City Populations" in May 1996. The conference was attended by more than 200 physicians, nurses, nurse practitioners, respiratory therapists, pharmacists, and health educators from Massachusetts and neighboring New England states.

Day one of the conference focused on the NAEPP guidelines, with particular emphasis on barriers to their effective implementation in inner-city settings. Experts from throughout New England presented practical, skill-building workshops that offered opportunities for participants to explore asthma management topics in depth. Other workshops featured innovative inner-city asthma management programs such as the one from Dimock Community Health Center.

The Dimock Community Health Center recruited and trained residents of the target community to become community health advocates (for adults) and peer educators (for adolescents). After conducting an initial asthma prevalence survey, the trained residents returned to homes of people with asthma to provide patient education and help each family identify and develop strategies for controlling environmental triggers. When necessary, asthma nurses accompanied the lay educators. The information gathered by this program is being used to advocate that broader housing and environmental issues within the community be addressed.

On day two of the Massachusetts conference, asthma care teams worked with quality improvement experts to develop practical, concrete action plans designed to produce measurable improvements in patient outcomes. This intensive workshop provided participants with the information and tools necessary to accelerate asthma improvement in their organizations.

For more information on the Dimock Community Health Center asthma program, contact Jennifer Monroe, Director of Health Education and Promotion, Dimock Community Health Center, 55 Dimock Street, Roxbury, MA 02119, 617-442-8800. □

Research Directions in Asthma

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The program will develop individual asthma action plans for students and will institutionalize procedures for conveying those plans to appropriate school personnel. By the end of the 5-year project, project staff members hope to have developed and instituted policies and procedures to reduce school-based allergen exposure and to

otherwise support current and future students with asthma.

The effectiveness of each intervention will be evaluated using randomized controlled designs, which will, at a minimum, assess their impact on asthma morbidity, quality of life, and the academic performance of children with asthma. □



National Asthma Education and Prevention Program Order Form

Pub. No.	New Asthma Publications	Quantity
55-643	Making a Difference . . . Asthma Management in the School (video)	
95-3308	Nurses: Partners in Asthma Care	
95-3651	Asthma & Physical Activity in the School	
95-3675	Asthma Management in Minority Children: Practical Insights for Clinicians, Researchers, and Public Health Planners	
96-3662	NAEPP Working Group Report: Considerations for Diagnosing and Managing Asthma in the Elderly	
55-807	The NAEPP Task Force Report on the Cost Effectiveness, Quality of Care, and Financing of Asthma Care (Available Fall 1996)	



Other Publications		
55-629	AsthmaMemo, Spring 1994	
55-691	AsthmaMemo, Summer 1995	
91-2650	Managing Asthma: A Guide for Schools	
92-0734	Datos Sobre el Asthma (Facts About Asthma in Spanish)	
92-1128	Check Your Asthma I.Q.	
92-2113	Asthma Management Kit for Clinicians	
92-2665	Your Asthma Can Be Controlled: Expect Nothing Less	
92-2737	Teach Your Patients About Asthma: A Clinician's Guide	
92-3279a	Executive Summary: Management of Asthma During Pregnancy	
93-2894	Asthma Awareness Curriculum for the Elementary Classroom	
95-3659	Global Initiative for Asthma	

Posters		
55-504	Your Students with Asthma Can Be Winners, Too!	
55-560	Partners in Asthma Management: Together, We Can Control Your Asthma	
55-600	It's Like Drowning on Dry Land	
55-603	Kids Have a Lot of Energy. Some of Them Need It Just To Breathe	
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